

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-0C9491

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1367

STATE FILE NUMBER

FILED FEB 19 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN *St. Louis*

Length of stay in - 1b -

1 Mo. 25 DA.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION*St. LUKES HOSPITAL*Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE *ILL.* b. COUNTY *MADISON*

c. CITY

OR
TOWN *GRANITE CITY*

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS*2109A DELMAR AVE.*

(If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

MONROE

Middle

Last

*TAYLOR*4. DATE
OF
DEATH

Month

2

Day

6

Year

1963

5. SEX

MALE

6. COLOR OR RACE

*WHITE*7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

11-22-'96

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

10b. KIND OF BUSINESS OR INDUSTRY

NESTLE COFFEE CO. GRANDIN, MO.

11. BIRTHPLACE (City and state or country)

U.S.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

EMMERSON TAYLOR

13b. MOTHER'S MAIDEN NAME

EMILY JONES

14. NAME OF HUSBAND OR WIFE

*MONROE W. TAYLOR*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)*No*

16. SOCIAL SECURITY NO.

151X

17. INFORMANT

*1313 S. MADISON
BLOOMINGTON, ILL.*18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Bronchopneumonia*INTERVAL BETWEEN
ONSET AND DEATH*1+ wk*Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Postop gastric resection with subphrenic abscess 55 days

DUE TO (c)

*Cancer of stomach**4+ months*PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

*12/10/62*to *2/5/63*and last saw her alive on *2/5/63*

Death occurred at

*3:10**A*

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James A. Nealin, MD

22b. ADDRESS

St Lukes Hosp.

22c. DATE SIGNED

*2/6/63*23a. BURIAL, CREMATION,
REMOVAL (Specify)*REMOVAL*

23b. DATE

2-6-1963

23c. NAME OF CEMETERY OR CREMATORY

St. Johns

23d. LOCATION (City, town, or county)

GRANITE CITY, ILL.

(State)

24. FUNERAL DIRECTOR

MERCER FUNERAL HOME

ADDRESS

GRANITE CITY, ILL.

25. DATE RECD. BY LOCAL REG.

FEB 8 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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13

81

Taylor

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E. Mercer

Licensed Embalmer No. 2988

P. O. Address Shawnee City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.